



## PATIENT

Nina McCune

## SPECIES

Canine

## BREED

Poodle X

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

26 Pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUS

## IMAGING PERFORMED BY

Dr. Gudrun Gunther

## HOSPITAL NAME

New Frontier AMC

## REFERRING VET

Dr. Gudrun Gunther

## INVOICE

35231

## DATE

1/5/26

## PRESENTING CLINICAL SIGNS

History: Seen for hyporexia. Had an episode of tachypnea the previous night.

Abnormal PE/Chem/CBC/UA Results: Mild tachypnea during exam BW run 12/15/25 CBC - WNL  
CHEM - WNL Pancreatic Lipase 1/2/26 - mildly elevated Thoracic radiographs - significant pulmonary infiltrates, suspect metastatic neoplasia Coccidiomycosis titer - negative.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 5.36 cm. The right kidney measured 5.29 cm.

### *Adrenal Glands*

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.86 cm x 0.47 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 2.0 cm x 0.8 cm at the caudal pole and 0.57 cm at the cranial pole.

### *Spleen*

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. This is a mild change.

### *Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Comet tail lung pattern was noted through the diaphragm. Chest radiographs are warranted to assess for alveolar disease.

### *Gastrointestinal*



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Some residual chyme and gas were noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## *Pancreas*

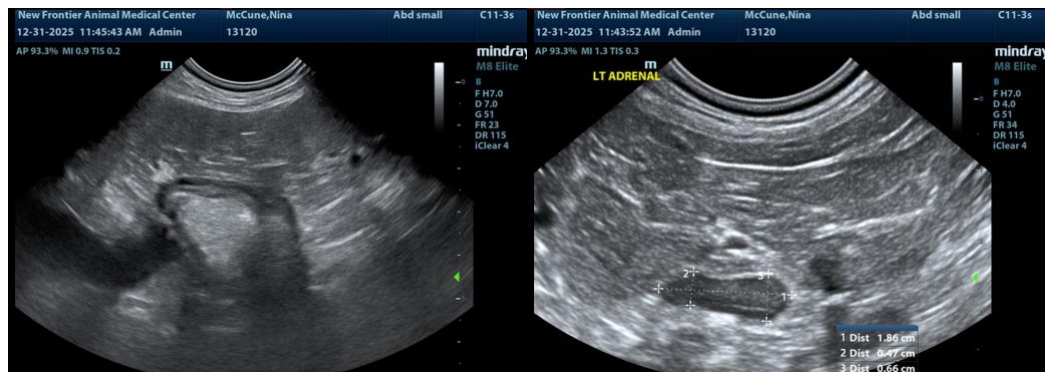
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

- Age-related renal, pancreatic, and splenic changes
- Comet tail lung pattern was noted through the diaphragm. Chest radiographs are warranted to assess for alveolar disease, if not already performed.
- Postprandial type presentation

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal pathology. Recommend focusing on pulmonary pathology in this patient. Bronchoalveolar lavage and/or ultrasound guided FNA (if any consolidated lesions are near the thoracic wall) is warranted.





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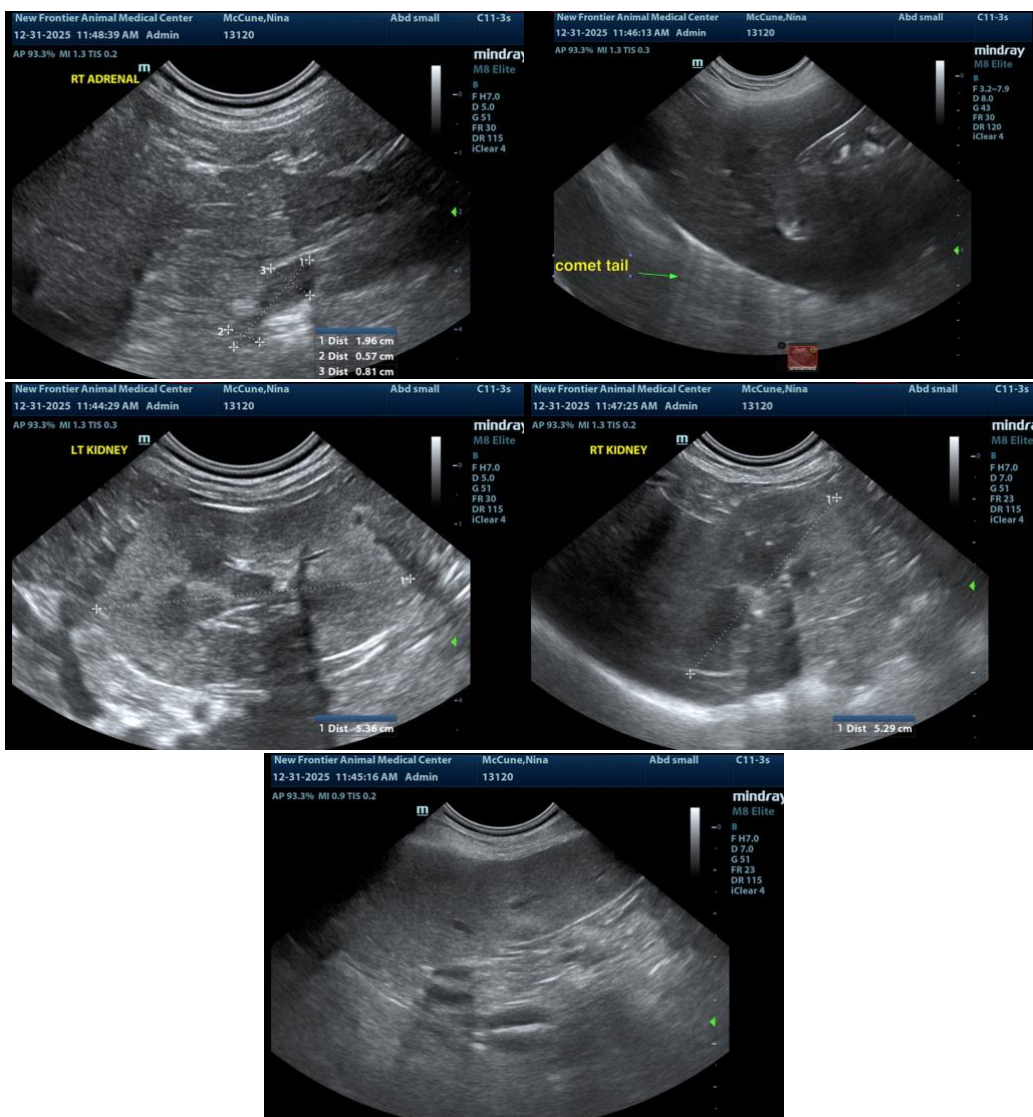
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,  
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[info@SonoPath.com](mailto:info@SonoPath.com)